Data Quality Audit Report for Afya Mzuri

May 2013

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1. Introduction

The Communications Support for Health Programme (CSH) supports the Government of the Republic of Zambia in implementing national health communication campaigns. In 2011, CSH awarded a grant to Afya Mzuri (a sub-grantee) to expand the Health Communication Resource Centre.

CSH is required to conduct quarterly data quality audits (DQAs), an exercise in which all programme performance data presented to the U.S. Agency for International Development are routinely assessed for completeness, timeliness, availability and accuracy.

This report provides results of the DQA conducted with Afya Mzuri.

2. Objectives of the DQA Exercise

The DQA exercise had two main objectives, namely:

I. To assess the quality of the data reported to CSH in terms of the following:
   - Completeness
   - Timeliness
   - Availability
   - Accuracy

II. To assess the data recording and reporting systems and processes

3. Methodological Approach

3.1 Process for the Audit

The DQA was conducted with Afya Mzuri monitoring and evaluation staff and the resource centre staff. Afya Mzuri has central offices within Lusaka, although it implements activities in other parts of the country. The DQA was conducted between 24 June and 30 June 2013, and included the following activities:

- Reviewing the overall scope of work for the civil society organisation (CSO) contract to clarify the set of indicators to be covered by the sub-grantee;
- Performing a preliminary review of the data submitted to CSH over the past 5-month implementation period;
- Conducting a data verification exercise in terms of completeness, timeliness, availability and accuracy of the data reported to CSH; and
- Reviewing the sub-grantee data recording and reporting systems and processes.

3.2 Reference Period for the Audit

The DQA process focused on the months of January through May 2013.

3.3 Selected CSOs for the Audit

CSH currently works with five CSOs and two sub-grantees. CSH rotates conducting DQAs with all CSOs and sub-grantees on a quarterly basis, ensuring that each CSO/sub-grantee receives an audit at least once a year. For this quarter (April–June 2013), CSH selected the sub-grantee Afya Mzuri.

3.4 Indicators Selected for the Audit

The indicators below provide CSH with data to assess the performance of the sub-grantee in line with agreed contract deliverables. The following three indicators are reported to CSH on a monthly basis:

# of monthly visitors
Disaggregated by: New Visitors/Physical Visitors

# of materials distributed
Disaggregated by: Human Immunodeficiency Virus (HIV) Materials/ Maternal, Newborn and Child Health (MNCH) Materials/Nutrition Materials/Malaria Materials/Family Planning and Reproductive Health (FP/RH) Materials/Other Health Topic(s) Materials

# of materials distributed by type
Disaggregated by: Brochures and Pamphlets/Posters/Job Aids/Magazines/Radio and TV Spots/Training Guides/Videos

3.5 Definition of Terms

For the DQA exercise, the terms availability, timeliness, completeness and accuracy were defined as follows:

- Availability—reports were physically accessible at the time of the DQA;
- Timeliness—reports were submitted on the date that was agreed upon by the sub-grantee and its remote sites and between the sub-grantee and CSH;
- Completeness—reports covered the reporting period being audited were submitted in the correct format (using CSH data collection and reporting forms); covered all relevant indicators as provided by CSH; and have been signed off on by people submitting to the sub-grantee and CSH; and
- Accuracy—the reported numbers on indicators of interest are equal to the verified numbers.

4. Findings of the Data Quality Audit

4.1 Staffing Levels and Responsibilities

Afya Mzuri has three employees at the central level who help with data verification, aggregation and reporting. There are also Health Communication Resource Centre officers and assistants who are responsible for entering the data into an electronic database as well as generating reports for donor reporting and compiling other reports for programme management.

4.2 Recording and Reporting Systems and Processes

The data entry officers (resource centre assistants) are the primary data collectors, as they capture the data and enter it into the database at the resource centre. Each month, they collect data on all activities using the forms provided by CSH and then submit them to the resource centre officers who are responsible for verifying the data. After the resource centre officers have verified and checked the data for errors, they send the data to the next level—the data entry office—for entry into an electronic database. The findings showed that data verification is mainly done by the resource centre assistants. However, the database also does validation checks to further assess the data for errors and inconsistencies.

The findings showed that there is no designated person who signs off on the final report that is submitted to CSH. Furthermore, at the time of the audit, the resource centre officers did not have a copy of the manual for the database.

4.3 Data Verification Process

DQA Results on Accuracy

Table 1 below shows the data that was collected, aggregated and reported to CSH by Afya Mzuri from January through May 2013 (refer to column "Reported"). The last two columns in the table report on the results of the audit, showcasing if the results were verified by records, and if there were any differences (referred to as variance) in the numbers reported versus the numbers verified by record.

Table 1: Data Accuracy Results by Indicator for Afya Mzuri, January – May 2013

Indicators	Month	Reported	Verified	Variance
1. # of monthly visitors	Jan	440	440	0
New Visitors	Feb	67	0	67

Indicators	Month	Reported	Verified	Variance
				(no records available)
	Mar	10	77	67
	Apr	47	47	0
	May	30	30	0
1. # of monthly visitors Returning Visitors	Jan	308	308	0
	Feb	364	364	0
	Mar	114	114	0
	Apr	370	370	0
	May	285	285	0
1. # of monthly visitors Physical Visitors	Jan	152	152	0
	Feb	431	431	0
	Mar	124	409	285
	Apr	401	401	0
	May	315	315	0
1. # of monthly visitors Online Visitors	Jan	596	596	0
	Feb	584	584	0
	Mar	470	470	0
	Apr	1,343	1,343	0
	May	1,597	1,597	0
2. # of materials distributed HIV Materials	Jan	0	0	0
	Feb	55	0	55 (No proper paper trail of the

Indicators	Month	Reported	Verified	Variance
				distribution of the materials)
	Mar	1,840	0	1,840 (No proper paper trail of the distribution of the materials)
	Apr	3,087	0	3,087 (No proper paper trail of the distribution of the materials)
	May	3,956	0	3,956 (No proper paper trail of the distribution of the materials)
2. # of materials distributed MNCH Materials	Jan	0	0	0
	Feb	0	0	0
	Mar	760	0	760 (No proper paper trail of the distribution of the materials)
	Apr	550	550	0
	May	197	197	0
2. # of materials distributed	Jan	0	0	0

Indicators	Month	Reported	Verified	Variance
Nutrition Materials	Feb	10	10	0
	Mar	0	0	0
	Apr	1	1	0
	May	0	0	0
2. # of materials distributed Malaria Materials	Jan	0	0	0
	Feb	1,680	0	1,680 (No proper paper trail of the distribution of the materials)
	Mar	515	0	515 (No proper paper trail of the distribution of the materials)
	Apr	910	910	0
	May	600	600	0
2. # of materials distributed FP/RH Materials	Jan	0	0	0
	Feb	12,320	0	12,320 (No proper paper trail of the distribution of the materials)
	Mar	9,406	0	9,406 (No proper paper trail of the distribution

Indicators	Month	Reported	Verified	Variance
				of the materials)
	Apr	17,278	0	17,278 (No proper paper trail of the distribution of the materials)
	May	18,054	0	18,054 (No proper paper trail of the distribution of the materials)
2. # of materials distributed Other Health Topic(s) Materials	Jan	0	0	0
	Feb	140	0	140 (No proper paper trail of the distribution of the materials)
	Mar	0	0	0
	Apr	1,083	1,083	0
	May	954	954	0
3. # of materials distributed by type Brochures/Pamphlets	Jan	0	0	0
	Feb	1,827	0	1,827 (No proper paper trail of the distribution of the materials)
	Mar	2,000	0	2,000

Indicators	Month	Reported	Verified	Variance
				(No proper paper trail of the distribution of the materials)
	Apr	7,206	7,206	0
	May	7,660	7,660	0
3. # of materials distributed by type Posters	Jan	0	0	0
	Feb	1,460	0	1,460 (No proper paper trail of the distribution of the materials)
	Mar	1,406	0	1,406 (No proper paper trail of the distribution of the materials)
	Apr	1,237	1,237	0
	May	169	169	0
3. # of materials distributed by type Job Aids	Jan	0	0	0
	Feb	0	0	0
	Mar	0	0	0
	Apr	0	0	0
	May	0	0	0

Indicators	Month	Reported	Verified	Variance
3. # of materials distributed by type Magazines	Jan	0	0	0
	Feb	0	0	0
	Mar	20	20	0
	Apr	5	5	0
	May	70	70	0
3. # of materials distributed by type Radio and TV spots	Jan	0	0	0
	Feb	0	0	0
	Mar	0	0	0
	Apr	0	0	0
	May	0	0	0
3. # of materials distributed by type Training Guides	Jan	0	0	0
	Feb	29	29	0
	Mar	80	80	0
	Apr	241	241	0
	May	18	18	0
3. # of materials distributed by type Condoms	Jan	0	0	0
	Feb	9,000	0	9,000 (No proper paper trail of the distribution of the materials)
	Mar	9,000	3,600	5,400
	Apr	14,220	14,220	0

Indicators	Month	Reported	Verified	Variance
	May	15,850	15,850	0
3. # of materials distributed by type Videos	Jan	0	0	0
	Feb	4	4	0
	Mar	15	15	0
	Apr	16	16	0
	May	4	4	0

As depicted in Table 1, the data verification processes demonstrated that for indicator 1 on number of visitors—which includes new and returning visitors and online and physical visitors—there were only two months when there were differences between verified results and reported results. Specifically, in March, there was a variance of 67 for new visitors reported and 285 for physical visitors reported. The online visitors numbers were accurate for the five months of reporting. However, CSH noted that the reporting for online visitors is not capturing the data disaggregated by gender.

There were large variances found for the verified numbers on materials distributed (indicator 2) and materials distributed by type (indicator 3). For instance, for condom distribution, there was a variance of 5,400 in March, signifying that the sub-grantee either over-reported the number distributed or did not properly record how many were distributed. It was evident from the audit that Afya Mzuri does not adequately record the number of materials distributed. Specifically, they are not capturing adequate information on the type of material that is distributed or on health topic materials that are distributed. This was the case for most of the months that the audit accounted for, as observed in Table 1 above. There were no records to show the number of materials received from CSH or the materials distributed to the community. The audit also revealed that the resource centre does not use any bin cards. This means that figures for the materials are not accurately recorded because there is no proper paper trail of the distribution of the materials, coupled with numerical calculation errors.

DQA Results on Availability, Timeliness and Completeness

Table 2: Data Availability and Timeliness and Completeness of Reports—Afya Mzuri

Indicator	**Number**	Percent Available/On Time/Complete
Total number of reports expected	**5**	
Number of reports available (Availability)	5	100
Number of reports submitted on time (Timeliness)	0	0
Number of complete reports (Completeness)	5	100

On a monthly basis, Afya Mzuri is expected to send a report to CSH by the 10th of the following month. From January through May, all the reports were submitted. However, there were numerical calculation mistakes in most reports and none of the reports were submitted on time. Afya Mzuri has sent the reports to CSH after the 17th of every month, well past the deadline.

5 Recommendations

The greatest weaknesses observed with Afya Mzuri are the lack of a rigorous data verification system, and misunderstanding of the indicators by the resource centre officers. The audit established that—although resource centre officers are the first point of contact for the reports that are submitted by the resource centre assistants—they do not allocate adequate time to verify the reports they receive and do not have a full understanding of the indicators on which data is being collected. One example is who is regarded as a new user on paper and online. The resource centre officers insisted that a new client, despite registering on a form, could not be counted as new unless they accessed a service online.

The audit resulted in the following recommendations:

- Resource centre officers, together with the data entry staff members (resource centre assistants), should allow ample time to verify the reports before the data is entered into the electronic database and reported to CSH. A good practise would be to enter the usage and registration forms on a daily basis.

- The Afya Mzuri resource centre reporting database should be modified to capture online visitors disaggregated by gender. This would make it easy for the sub-grantee to collect and report accurate data on the number of clients disaggregated by gender.
- Afya Mzuri should develop a new system or restore a previous system to make it easier to capture the numbers of materials received and distributed (e.g., by using bin cards).
- Condoms distributed should be disaggregated by male and female recipients.
- Resource centre staff should be retrained on data indicators to improve their understanding and their data capturing.

As mentioned in the findings section, the resource centre officers did not have a copy of the manual of the database at the time of the audit.

6 Conclusion

The DQA provided insight into Afya Mzuri's monitoring and evaluation system that is used to collect, process and report data to CSH. The DQA also acted as a capacity-building exercise, since exit feedback was given to the Afya Mzuri immediately after the exercise was completed. In addition, the DQA provided an opportunity for CSH to understand where the sub-grantee is finding difficulties in providing data in the forms that are required by CSH.

7 Way Forward

In view of the above-mentioned issues, CSH will ensure that the following is accomplished:

- The database is modified so that it disaggregates the data by gender; and
- The new resource centre officers are retrained in new data collection tools and data aggregation and reporting mechanisms to help ensure that the data reported is available, accurate, complete and on time for every reporting period.